



CREDIT CARD AUTHORIZATION FORM

Date: _____

Customer No: _____

Company Name: _____

I, _____, authorize Wagner Die Supply to use my credit card for the purchases of Die Making and/or Die Cutting supplies. This form will be kept on file for future credit card purchases.

Card Number: _____

Exp. Date: _____

Credit Card Billing Address: _____

Type of card (circle one): MasterCard Visa
 Discover American Express

Please print name exactly as it appears on card

Signature of the above named cardholder

Company Billing address:

Phone number (with area code)

Ship-to address (if different than billing):

Fax number (with area code)

Email address (optional):

Please fill in the above information. Fax completed form to (909) 947-2471 or mail the original to 2041 Elm Court, Ontario, CA 91761.

THANK YOU FOR YOUR BUSINESS


2041 Elm Court
Ontario, CA 91761
(909) 947-3044
Fax: (909) 923-7809


2532 Converse Street
Dallas, TX 75207
(214) 630-4698
Fax: (214) 630-5425


960 Industrial Drive
Elmhurst, IL 60126
(630) 782-6230
Fax: (630) 782-6220